MARYLAND HEALTH CARE COMMISSION

Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

July 22, 2009

Committee Members Present
Maria E. Eckart, RN, BSN, CIC
Anthony Harris, MD, MPH (via telephone)
Andrea Hyatt (via telephone)
Lynne V. Karanfil, RN, MA, CIC
Peggy A. Pass, RN, BSN, MS, CIC
Eli Perencevich, MD, MS (via telephone)
Brenda Roup, PhD, RN, CIC
Jack Schwartz, Esq.

Committee Members Absent
Beverly Collins, MD, MBA, MS
Sara E. Cosgrove, MD, MS
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Steven Goodman, MD, PhD
William Minogue, MD
Carol Payne
Michael Anne Preas, RN, BSN, CIC

Commission Staff
Pam Barclay
Theressa Lee
Eileen Hederman
Deme Umo

Public Attendance
Mary Mussman, MD, Department of Health and Mental Hygiene

1. Welcome and Introductions

Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m and stated all who were present in person and on the phone.

2. Review of Previous Meeting Summary (June 24, 2009)

There were no changes to the previous meeting summary.

3. Review of Revised Draft 2009-2010 Health Care Worker (HCW) Influenza Vaccination Survey

Ms. Barclay began by reviewing the consensus from the last meeting which was to substantially revise the declination reasons. She said the group only wanted counts of medical contraindications, no other declination reasons. Ms. Barclay said she spoke with DHMH and they mentioned that 'religious objection' is a valid reason for long term care staff to decline and is part of the long term care statute. Dr. Roup said a lot of people decline on religious grounds that are not valid religious reasons. Ms. Barclay suggested having a medical, religious, and other category for declination reasons. She said it would be useful to give hospitals their declination rates as a quality improvement measure.

The group discussed whether or not to exclude those with religious objections from the denominator. Dr. Roup suggested a note be presented from a doctor or pastor/spiritual leader if a HCW

declines for either medical or religious reasons. Mr. Schwartz said hospitals probably do not want to get into whether religious objections are valid or not based on religious beliefs. He suggested the group either allow religious objections or not allow it. Ms. Barclay said the long term care statute does say documentation is required, but the kind of documentation is not described. Ms. Eckart said in her long term care facilities, religious objection is not one of the top reasons for declining the vaccine. Ms. Karanfil stated that literature on the subject also states the numbers of HCWs declining on religious grounds is very low. Dr. Perencevich said Barnes-Jewish Hospital only had 200 out of 2,300 HCWs decline the vaccine for religious reasons. They had to wear masks during the flu season. He suggested taking both the medical and religious declinations out of the denominator.

Ms. Barclay said the adherence rate for receiving influenza vaccination by all medically eligible HCWs would be publicly reported. The declination rates would only be sent back to hospitals. Ms. Barclay said we would collect 5 data points: total staff, total vaccinated, and three categories of declinations (medical, religious, and other). Ms. Barclay said the group needs to decide what measure would be most meaningful to the public.

Ms. Barclay suggested reviewing the total number of religious objections from last year's HCW influenza vaccination survey as a reference point as it may be a small number. Ms. Barclay confirmed the following changes to this year's survey:

- Reporting period changed to September 1, 2009- April 15, 2010
- Characterize as seasonal flu vaccine (excluding novel H1N1)

4. Review of Summary Report: 2009 Annual Survey of Hospital Infection Prevention and Control Programs

Ms. Karanfil suggested MHCC staff submit an abstract for the upcoming SHEA conference next year. Ms. Barclay said there is still some data checking that needs to be done with the report. Ms. Barclay said a second draft will be sent to the committee before it is finalized. Ms. Barclay stated the report will note the limitations of the data. She said the report will be understandable to both clinical professionals and the general public.

5. Update on Activities

ARRA Grant Proposal to CDC

Ms. Barclay stated that by September she would have an update on the grant proposal to CDC. She said the plan/goals template will be due January 1, 2010 and the advisory committee will work on the plan with improvement goals for Maryland. Ms. Pass asked if there would be any hospital education and training from the state. Her concern is that this funding will mean more data collection without any help for the hospitals. Ms. Barclay said training could be incorporated into the plan. She said with the data auditing, they will be receiving feedback from hospitals and also providing training on collecting that data. Also, a subcommittee will be formed to research the development of a Infection Prevention and Control workforce to support hospital staffing in this area. Ms. Barclay offered to give an overview of the funding plans at the September APIC meeting.

Ms. Hyatt asked if there were any plans to expand the HAI measures to ambulatory surgery centers (ASC) and long term care (LTC) facilities. Ms. Barclay said this was a future consideration. Ms.

Hyatt said they should look into implementing the HCW Influenza Vaccination Survey in ASC and LTC settings. She said the number of HCWs employed at these facilities is much smaller than at hospitals so it should be relatively easy to collect. She said these facilities should be held to the same standards as the acute care settings. Ms. Barclay said she would find out if there is interest in this initiative in those settings. Ms. Eckart said many of the LTC facilities may not have the resources to complete the survey. Dr. Roup agreed that the infrastructure is not in place at this time to require this reporting. The group discussed how both LTC and ASC facilities were interconnected with the acute care hospital setting as patients move from facility to facility.

SHEA Statement

Dr. Roup commented that SHEA released a statement that they support several provisions in the House Health Care Reform Bill, specifically the public reporting of HAIs. It relies on reporting through NHSN. She also stated that they support the creation of a center within AHRQ that would disseminate best practices, among other provisions.

Hand Hygiene Subcommittee

Ms. Barclay stated that two conference calls have taken place with this subcommittee. She said the group is tasked with coming up with strategies to implement a statewide hand hygiene campaign. She also noted that they are now looking at hospital-specific instruments to see how hospitals are currently implementing this initiative. They will bring their findings back to the full committee.

Request for Comment: SSI Data Collection and Reporting

Ms. Barclay said the SSI recommendations have been posted to the MHCC website for comment. Feedback will be brought to the advisory committee for discussion. She said the deadline for comments is September 11th.

CLABSI Data Quality Review and Validation

Ms. Barclay said two proposals were received. She said Ms. Pass, an APIC representative, and Dr. Cosgrove; a SHEA representative will review the proposals with MHCC staff next week.

Ms. Barclay said New York has released a new HAI report, which she will send to the group. She said this report could be used as a possible format for publicly reporting.

6. Other Business

IOM Comparative Effectiveness Research Recommendations Involving HAI

This handout describes the priority topics of the IOM which includes HAIs.

7. Adjournment

The meeting adjourned at approximately 2:30 p.m. The next meeting is scheduled for August 26, 2009.